PTO/SB/06 (08-03) Approved for use through 7/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of Information unless it displays a valid OMB control number. PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Number Substitute for Form PTO-875 CLAIMS AS FILED - PART I OTHER THAN (Column 1) SMALL ENTITY OR (Column 2) SMALL ENTITY FOR NUMBER FILED NUMBER EXTRA RATE FEE RATE BASIC FEE (37 CFR 1.16(a)) OR TOTAL CLAIMS (37 CFR 1.16(c)) minus 20 = X \$ OR INDEPENDENT CLAIMS (37 CFR 1.16(b)) minus 3 = OR X S MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) OR If the difference in column 1 is less than zero, enter "0" in column 2. TOTAL 90 OR TOTAL CLAIMS AS AMENDED - PART II OTHER THAN OR (Column 1) (Column 2) (Column 3) SMALL ENTITY SMALL ENTITY CLAIMS HIGHEST REMAINING ENT PRESENT NUMBER RATE ADDI-RATE **AFTER** ADDI-**EXTRA** PREVIOUSLY IONAL AMENDMENT TIONAL PAID FOR FEE FEE ENDME Total Minus (37 CFR 1.16(c)) OR X S Independent (37 CFR 1.16(b)) Minus X S OR X \$ FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) = OR + 5 TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST മ REMAINING PRESENT NUMBER RATE ADDI-RATE ᄂ ADDL AFTER PREVIOUSLY **EXTRA** TIONAL TIONAL ĺū AMENDMENT PAID FOR FEE FEE Total Minus END (37 CFR 1.16(c)) OR X S Independent (37 CFR 1.16(b)) Minus OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST O REMAINING PRESENT NUMBER RATE ADDI-TIONAL FEE ENT RATE ADDI-**AFTER PREVIOUSLY EXTRA** AMENDMENT TIONAL PAID FOR Total (37 CFR 1.16(c)) FEE AMENDM Minus OR Independent (37 CFR 1.18(b)) Minus OR X \$ FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The 'Highest Number Previously Paid For' (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

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CLAIMS AS FILED - PART I				0)		SMALL EN			OTHER		İ		
			(Column 1	<u>) </u>	(Colur	nn 2)	١ ،	TYPE _		OR	SMALL		
TOTAL CLAIMS			20					RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	370.00	OR	BASIC FEE	740.00	
TOTAL CHARGEABLE CLAIMS 27 _minus 20=				* 2			X\$ 9=		OR	X\$18=			
INDEPENDENT CLAIMS 3 - minus 3 =				d			X42=		OR	X84=			
MULTIPLE DEPENDENT CLAIM PRESENT					. 🛮		+140=		OR	+280=	280.	ļ.,	
* If the difference in column 1 is less than zero, enter "0" in column 2						TOTAL		OR	TOTAL	1020	ľ		
	C	LAIMS AS A	MENDED	- PAR	TII			OTHER TH					
	•	(Column 1)		(Colu		(Column 3	_	SMALL	ENTITY	OR	SMALL]
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
DME	Total	*	Minus	**		=]	X\$ 9=		OR	X\$18=		
MEN	independent	*	Minus	***		=		X42=		OR	X84=		
<	FIRST PRESE	NTATION OF M	ULTIPLE DEP	ENDEN	T CLAIM		j	+140=		OR	+280=		1
TOTAL									ł	TOTAL		4	
								ADDIT. FEE		JOH	ADDIT. FEE		1
		(Column 1)			mn 2) Hest	(Column 3	_			1		1 455:	┨
AMENDMENT B	•	CLAIMS REMAINING AFTER AMENDMENT		NUI PREV	MBER IOUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	_	X\$ 9=		OR	X\$18=		l
MEN	Independent	*	Minus	***		=		X42=		OR	X84=		1
FIRST PRESENTATION OF MOUTIFEE DEP CHOCKY OCCUR.									1				
	•							+140=		OR	+280=		4
	TOTAL OR ADDIT. FEE ADDIT. FEE									4			
		(Column 1)		(Colu	ımn 2)	(Column 3	3)_						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NU PREV	HEST MBER MOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
S	Total	*	Minus	**	- <u>-</u>	=	_[X\$ 9=		OR	X\$18=		1
	Independent	*	Minus	***]=	4	X42=		OR	X84=		1
إلا	FIRST PRES	ENTATION OF I	MULTIPLE DE	PENDE	NT CLAIM		L	.440		1			1
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE								OR OR	TOTAL		1		
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													